

<i>SERFF Tracking Number:</i>	<i>MNNL-125703267</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Minnesota Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40227</i>
<i>Company Tracking Number:</i>	<i>08-70152</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Fixed Single Payment Immediate Annuity</i>		
<i>Project Name/Number:</i>	<i>IncomeToday!/08-70152</i>		

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Fixed Single Payment SERFF Tr Num: MNNL-125703267 State: ArkansasLH

Immediate Annuity

TOI: A05I Individual Annuities- Immediate Non- SERFF Status: Closed State Tr Num: 40227

Variable

Sub-TOI: A05I.000 Annuities - Immediate Non- Co Tr Num: 08-70152 State Status: Approved-Closed

variable

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Angela Acker-Fisher,

Disposition Date: 09/17/2008

Monica Ramstad

Date Submitted: 09/11/2008

Disposition Status: Approved

Implementation Date Requested: 11/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name: IncomeToday!

Status of Filing in Domicile: Pending

Project Number: 08-70152

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/17/2008

State Status Changed: 09/17/2008

Deemer Date:

Corresponding Filing Tracking Number: 08-70152

Filing Description:

Please see the filing cover letter for a complete description.

<i>SERFF Tracking Number:</i>	<i>MNNL-125703267</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Minnesota Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40227</i>
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Company and Contact

Filing Contact Information

Angela Acker-Fisher, Senior Product Compliance Specialist	angela.ackerfisher@securian.com
400 ROBERT STREET NORTH	(651) 665-6438 [Phone]
ST. PAUL, MN 55101-2098	(651) 665-5424[FAX]

Filing Company Information

Minnesota Life Insurance Company	CoCode: 66168	State of Domicile: Minnesota
400 Robert Street North	Group Code: 869	Company Type:
Law Department		
St. Paul, MN 55101-2098	Group Name:	State ID Number:
(651) 665-3500 ext. [Phone]	FEIN Number: 41-0417830	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$75.00	09/11/2008	22424947

<i>SERFF Tracking Number:</i>	<i>MNNL-125703267</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/17/2008	09/17/2008

<i>SERFF Tracking Number:</i>	<i>MNNL-125703267</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>IncomeToday!/08-70152</i>		

Disposition

Disposition Date: 09/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-125703267 State: Arkansas

Filing Company: Minnesota Life Insurance Company State Tracking Number: 40227

Company Tracking Number: 08-70152

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable

Product Name: Fixed Single Payment Immediate Annuity

Project Name/Number: IncomeToday!/08-70152

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Form	Fixed Annuity Application		Yes
Form	Single Payment Immediate Fixed Annuity		Yes
Form	Advance Withdrawal Benefit Endorsement		Yes

SERFF Tracking Number: MNNL-125703267 State: Arkansas

Filing Company: Minnesota Life Insurance Company State Tracking Number: 40227

Company Tracking Number: 08-70152

TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: Fixed Single Payment Immediate Annuity

Project Name/Number: IncomeToday!/08-70152

Form Schedule

Lead Form Number: 08-70152

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	08-70153	Application/ Fixed Annuity Enrollment Application Form	Initial		0	08-70153 Application.pdf
	08-70152	Policy/Cont Single Payment ract/Fratern Immediate Fixed al Annuity Certificate	Initial		51	08-70152 SPIA Contract.pdf
	08-70154	Policy/Cont Advance Withdrawal ract/Fratern Benefit Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58	08-70154 Endorsement.pdf

IncomeToday!
Single Payment Immediate Annuity Application

Minnesota Life Insurance Company – A Securian Company
Annuity Services • A3-9999
400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax 651-665-7942
Toll Free 1-800-362-3141
In Metro Area 651-665-4877
www.minnesotalife.com

MINNESOTA LIFE

1. Owner

Name	Date of Birth	Gender	Taxpayer I.D. (Soc. Sec. # or EIN)	
John Doe	10/1/1938	Male	123-45-6789	
Address				
123 Main Street				
City	State	Zip Code	Citizenship	Daytime Telephone Number
Anytown	USA	12345	<input checked="" type="checkbox"/> US <input type="checkbox"/> OTHER	555.555.1212

2. Joint Owner (Optional, non-qualified plans only)

Name	Relationship to Owner	Date of Birth	Gender	Taxpayer I.D. (Soc. Sec. # or EIN)
Address				
City	State	Zip Code	Citizenship	Daytime Telephone Number
			<input type="checkbox"/> US <input type="checkbox"/> OTHER	

3. Annuitant (If other than owner)

Name	Date of Birth	Gender	Taxpayer I.D. (Soc. Sec. # or EIN)	
Address				
City	State	Zip Code		

4. Joint Annuitant (If other than joint owner)

Name	Relationship to Annuitant	Date of Birth	Gender	Taxpayer I.D. (Soc. Sec. # or EIN)
Address				
City	State	Zip Code		

5. Type of Plan (Please select one applicable plan type)

- | | |
|--------------------------------------|---|
| IRA | Non-Qualified |
| <input type="checkbox"/> Traditional | <input checked="" type="checkbox"/> Individual |
| <input type="checkbox"/> Roth | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Inherited | <input type="checkbox"/> Trust |
| | <input type="checkbox"/> Corporate |
| | <input type="checkbox"/> Non-Corporate Ownership (LLP or LLC) |

6. Purchase Payment Method

MAKE CHECKS PAYABLE TO MINNESOTA LIFE

☒ \$ 25,000 Remitted With Application

☐ Direct Transfer/Rollover/1035 Exchange

IAN000067

2nd Barcode

7. Beneficiary

Name		Date of Birth	Taxpayer I.D. (Soc. Sec. # or EIN)	Gender	Class
Jane Doe		10/1/1938	987-65-4321	Female	
Address					
123 Main Street					
City	State	Zip Code	Relationship	Percentage	
Anytown	USA	11111	Spouse	100%	
Name		Date of Birth	Taxpayer I.D. (Soc. Sec. # or EIN)	Gender	Class
Address					
City	State	Zip Code	Relationship	Percentage	
Name		Date of Birth	Taxpayer I.D. (Soc. Sec. # or EIN)	Gender	Class
Address					
City	State	Zip Code	Relationship	Percentage	

8. Annuity Income Option, Payment Frequency and Payment Date

- All selections below must match the Quote required to be submitted with this Application.
- All selections below may not be changed once the contract is issued.
- Select only one option and one payment frequency.

Option 1 - Period Certain Only

☐ Period Certain of ____ years

Option 2 - Income Options Single Life

- ☐ Life Only
- ☒ Life with Period Certain of 10 years
- ☐ Life with Cash Refund
- ☐ Life with Installment Refund

Option 3 - Income Options based on Two Lives

(Select one option and the percentage to continue upon death of either annuitant)

- ☐ Joint Life Only
- ☐ 100% ☐ 66.67% (2/3) ☐ 50% (1/2)
- ☐ Joint Life with Period Certain of ____ years
- ☐ 100% ☐ 66.67% (2/3) ☐ 50% (1/2)

Other Annuity Income Option

(Must be previously agreed to by Minnesota Life – provide detail below)

Annuity Payment Frequency

- ☒ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual
- (Subsequent payments will follow based on the frequency noted above)

First Income Payment Date

The first payment date will be one payment frequency from the contract issue date unless otherwise indicated below*.

The contract issue date is the date the Application and purchase payment are received in good order by Minnesota Life. For contracts issued on the 28th-31st, (i.e. January 30), the first payment date will be the 1st of the next month (i.e. March 1). We reserve the right to move up the payment date in certain circumstances to facilitate tax reporting. Subsequent payments will follow based on the frequency noted above.

*(Optional) First Income Payment Date: ____/____/____
(month/day/year, must be within one income payment frequency of the contract issue date)

9. Processing Requirements

- **Proof of Age:** Please provide one of the following for each annuitant: (enlarged to 200% for readability)
☒ Driver's License ☐ Passport ☐ Certified Birth Certificate
- **Quote:** This application must be accompanied by a current quote from the Minnesota Life illustration system.

10. Special Instructions

11. Replacement

You must answer both questions below.

Do you have any existing life insurance or annuity contracts? ☐ Yes ☒ No

Will the contract applied for replace or change an existing life insurance or annuity contract? ☐ Yes ☒ No

If yes, provide: COMPANY NAME: _____ CONTRACT # (S) _____
 COMPANY NAME: _____ CONTRACT # (S) _____

If either box is marked "Yes", please complete any applicable State Replacement form(s) to submit to the replacing insurer.

12. Notices

Notice to Applicant

Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company, files a statement or claim or provides false, incomplete, or misleading information as part of the information provided to obtain coverage commits a fraudulent act, which is a crime and may be subject to criminal and civil penalties.

FOR ARIZONA RESIDENTS ONLY: Minnesota Life is required to provide you, within a reasonable time after your written request, factual information regarding the benefits and provisions of the annuity contract for which you have applied. If for any reason you are not satisfied with that contract, you may return it within 20 days (30 days if you are age 65 or older) after the contract is delivered and receive the Contract Value of this contract. We will pay this refund within 7 days after we receive your notice of cancellation.

FOR CALIFORNIA RESIDENTS – AGE 65 AND OVER: There may be tax consequences, early withdrawal penalties, or other penalties if you sell or liquidate any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of any annuity product. You may wish to consult with an independent legal or financial advisor before selling or liquidating any assets and before buying an annuity product.

FOR COLORADO RESIDENTS – Notice to Applicant: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a contract owner or claimant for the purpose of defrauding or attempting to defraud the contract owner or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FOR CONNECTICUT RESIDENTS ONLY: Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company, files a statement of claim or provides false, incomplete, or misleading information as part of the information provided to obtain coverage commits a fraudulent act, which may be a crime, and may be subject to criminal and civil penalties.

FOR KANSAS RESIDENTS ONLY: Any person who knowingly and with intent to defraud any insurance company, files a statement of claim or provides false, incomplete or misleading information as part of the information provided to obtain coverage commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

FOR NEW JERSEY RESIDENTS ONLY: Any person who includes any false or misleading information on an application for a life insurance policy or annuity contract is subject to criminal and civil penalties.

FOR OREGON RESIDENTS ONLY: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim or provides false, incomplete or misleading information as part of the information provided to obtain coverage commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

FOR PENNSYLVANIA RESIDENTS ONLY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR VERMONT RESIDENTS ONLY: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FOR WASHINGTON RESIDENTS ONLY: It is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FOR FLORIDA RESIDENTS ONLY: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

13. Owner/Annuitant Signatures

I/we represent the statements and answers in this application are full, complete and true to the best of my/our knowledge and belief. I/we agree they are to be considered the basis of any contract issued to me/us. I/we have read and agree with the applicable statements. The representative left me the original or a copy of written or printed communications used in this presentation.

I/we understand that I/we may return the contract within the "Notice of Your Right to Examine" period (shown on the front of the contract) if dissatisfied for any reason.

Signed At (City, State)	Date Signed	Signature of Owner	Signature of Annuitant
Anytown	08/01/2008	X /S/ John Doe	X /S/ John Doe
Amount Remitted With Application		Signature of Joint Owner	Signature of Joint Annuitant
\$25,000		X	X

14. To Be Completed By Representative/Agent

To the best of my knowledge and belief this applicant ☐ does ☒ does not have existing life insurance or annuities and this contract ☐ will ☒ will not replace or change an existing insurance or annuity contract. No written sales materials were used other than those furnished by the Home Office. I believe the information provided by this client is true and accurate to the best of my knowledge and belief. I certify that I have truly and accurately recorded on this application the information provided by the applicant.

Representative/Agent Name (Print)	Representative/Agent Signature	Representative/Agent Code (assigned by Minnesota Life)	
Steven Smith	X /s/ Steven Smith		%
Representative/Agent Name (Print)	Representative/Agent Signature	Representative/Agent Code (assigned by Minnesota Life)	
	X		%
(Florida Only) Representative/Agent Florida License Number:	Florida County where application signed:		

All representatives involved in this sale must sign the application.

15. Minnesota Life Home Office

Contract Number Assigned	Home Office Approval	Date
0000123456	/s/ Mary Smith	08/01/2008

IncomeToday!
Single Payment Immediate Annuity

Minnesota Life Insurance Company, A Securian Company
Annuity Services • A3-9999
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Fax 651.665.7942
Toll Free 1.800.362.3141
In Metro Area 651.665.4877
www.minnesotalife.com

Read Your Contract Carefully – This is A Legal Contract

We agree to provide the benefits and other rights of this contract. Payment of benefits is subject to the provisions, terms, and conditions of this contract. We make this promise and issue this contract in return for the receipt of your Purchase Payment.

Notice of Your Right to Examine This Contract for 20 Days

It is important to us that you are satisfied with this contract. If you are not satisfied, you may return the contract to us or to your sales representative within 20 days of its receipt, or 30 days if this contract is issued as a replacement. If you exercise this right, the contract will be considered void from the Contract Issue Date and we will refund your Purchase Payment less any benefits paid. We will pay this refund within 7 days after we receive your notice of cancellation.

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the Contract Issue Date.



Secretary



President

- *Single Payment Immediate Annuity Contract*
- *Fixed Annuity Payment Benefits*
- *Nonparticipating Contract*

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Contract Schedule

CONTRACT NUMBER: [1234567]

CONTRACT ISSUE DATE: [10/01/2008]

OWNER: [JOHN DOE]

JOINT OWNER:

JURISDICTION: [YOUR STATE]

ANNUITANT: [JOHN DOE]

GENDER: [M]

DATE OF BIRTH: [10/01/1938]

JOINT ANNUITANT:

GENDER:

DATE OF BIRTH:

PLAN: [NON-QUALIFIED]

PURCHASE PAYMENT: [\$25,000]

Annuity Income Option: [Life with a Period Certain of [10] Years]

Annuity Income Benefit: [We will make Income Payments during the Annuitant's lifetime beginning on the First Income Payment Date. Income Payments are guaranteed to continue for the specific period selected, called the period certain. If the Annuitant dies before the end of the period certain, we will pay the remaining Income Payments for the balance of the period certain. If the Annuitant survives the period certain, payments will cease as of the Annuitant's death.]

Initial Income Payment: [\$183.34]

First Income Payment Date: [11/01/2008]

Income Payment Frequency: [Monthly]

Riders and Endorsements:

[Advance Withdrawal Benefit – This benefit provides the option to make a single withdrawal of [25%] to [75%] of the Withdrawal Value during the Withdrawal Period, subject to the provisions below:

Withdrawal Period: [10] Years

Minimum Withdrawal Amount: [\$1,000]

Rate Adjustment: [0.50%] will be added to the rate used to calculate the Withdrawal Value.]

The Annuitant(s), Annuity Income Option, and Income Payment Frequency may not be changed after the Contract Issue Date.

Definitions

Annuitant

The person named as Annuitant on page one and upon whose lifetime Income Payment benefits will be paid under this contract. If Joint Annuitants are named, all references to Annuitant shall mean the Joint Annuitants. Once the contract is issued, the Annuitant(s) cannot be changed.

Annuity Start Date

The later of: (a) Contract Issue Date; or, (b) one Income Payment Frequency prior to the First Income Payment Date.

Beneficiary

The person, persons or entity designated to receive any death benefits payable on the death of any Owner and/or Annuitant. The Beneficiary will be the first person on the following list who is alive on the date of death: the surviving Owner (if any), the primary (class 1) Beneficiary, the secondary (class 2) Beneficiary or, if none of the above is alive, to the executor or administrator of your estate.

Contract Issue Date

The date, as shown on page one, on which the Purchase Payment is applied and the contract becomes effective.

Income Payment Frequency

The frequency at which we agree to pay your Income Payments. Your frequency is shown on page one.

Income Payments

The series of periodic payments that are scheduled to begin on the First Income Payment Date and continue according to the Annuity Income Option and Income Payment Frequency elected.

Income Payment Date

The date on which an Income Payment is scheduled to be made. The First Income Payment Date is shown on page one.

Owner

The person(s) who has (have) all rights under this contract. If your contract names Joint Owners, Owner means both Joint Owners.

Payee

The person or entity designated by you to receive the Income Payments.

Purchase Payment

The total amount paid to us as consideration for benefits provided by this contract.

We, Our, Us

Minnesota Life Insurance Company.

Written Request

A written notice, signed by you, in a form approved by or acceptable to us. In some cases, we may require that this contract be sent in with your Written Request.

You, Your

The person named as the Owner or Joint Owner on page one.

General Provisions

Entire Contract

This contract, the application, if any, and any amendments, endorsements or riders contain the entire contract between you and us.

Any additional rider or agreement attached to this contract will become part of this contract. It will be subject to the terms and conditions of this contract unless we state otherwise in the rider or agreement.

Modification of Contract

Modifications to this contract or any waiver of our rights or requirements under this contract can only be made by the written authorization of an officer of Minnesota Life. No representative or other person has the authority to change or waive any provisions of this contract. No modification will adversely affect your rights under this contract unless the modification is made to comply with a law or government regulation. You will have the right to accept or reject such a modification.

Misstatement of Age or Sex

If the age or sex of the Annuitant has been misstated, we will adjust the benefits and amounts payable under this contract to those that would have been paid based upon the corrected age or sex. In the case of an overpayment, we may either deduct the required amount from future payments under this contract; or, we may require you to pay us the difference; or we may do both until we are fully repaid. In the case of an underpayment, we will pay the difference in a lump sum. Overpayments and underpayments will not be made up with interest.

Proof of Age, Sex, or Survival

We have the right to require proof of the life or death of any person on whose life or death determines whether, to whom, and how much we must pay any benefits under this contract.

Incontestability

We will not contest this contract.

Assignment

Unless this contract provides otherwise, you may assign all rights to this contract during the lifetime of the Annuitant. We will not be bound by any assignment until we have recorded written notice of it at our home office. We are not responsible for the validity of any assignment. An assignment will not apply to any payment or action made by us before it was recorded.

Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment. If this contract is issued pursuant to a retirement plan which receives favorable tax treatments under the provisions of Section 401, 404, 408, or 408A of the Internal Revenue Code, then it may not be assigned, pledged or otherwise transferred except under such conditions as may be allowed under applicable law.

Claims of Creditors

To the extent permitted by law, no benefit provided by this contract will be subject to any creditor's claim or process of law.

Non-Participating

This contract is non-participating. No dividends will be paid under this contract.

Purchase Payment

Purchase Payment Limitations

Purchase Payments are payable no later than the Contract Issue Date. Checks must be made payable to "Minnesota Life". No additional Purchase Payments are permitted after the Contract Issue Date.

Total purchase payments may not exceed \$2,000,000 for the same Owner or Annuitant without our prior consent. Your Purchase Payment is shown on page one.

Deductions from Purchase Payments

We reserve the right to make a deduction from Purchase Payments for state premium taxes where applicable.

Payment of Proceeds

Annuity Income Benefit

The Annuity Income Benefit shown on page one describes your Income Payments under the Annuity Income Option you selected when you purchased this contract. For Annuity Income Options with a period certain, Income Payments are guaranteed for the certain period shown on page one whether or not the Annuitant is alive.

Once the Annuity Income Option and Income Payment Frequency are chosen by you, they may not be changed.

Income Payments

All Income Payments are as specified on page one. Income Payments may not be advanced, accelerated, or commuted except as specifically stated in the contract.

We will pay the Income Payments of this contract according to your instructions as contained in our records at the time the payment is made. We are discharged from liability for any Income Payment made according to your instructions. Any Payee who receives Income Payments that should not have been made will be liable to Minnesota Life for the amount of those payments.

With respect to any Income Payments based upon the Annuitant's lifetime, no Income Payment will be made for the period between the date of the last surviving Annuitant's death and the Income Payment Date immediately preceding the date of death.

Death Benefits

Amount Payable at Death of an Owner

If any Owner dies before the Annuity Start Date, we will return the Purchase Payment to the Beneficiary. If not taken immediately, the Beneficiary's entire interest in the contract must be paid either in (a) a lump sum within five years after the date of death; or, (b) over the lifetime of the Beneficiary or over a period not to exceed the Beneficiary's life expectancy. Payments must begin within 12 months after the date of death.

If any Owner dies on or after the Annuity Start Date, we will continue Income Payments, if any, to the Beneficiary under the Annuity Income Option in effect at the time of the deceased Owner's death.

If the contract is owned by a trust, corporation, or similar non natural entity, the Annuitant is considered the Owner for purposes of the death benefit provision.

This contract is intended to satisfy the requirements under Section 72(s) of the Internal Revenue Code of 1986, as amended ("Code"). In all events and notwithstanding any provision of this contract to the contrary, this contract will be construed and administered in accordance with Code Section 72(s).

Amount Payable at Death of Annuitant

If the Owner is not also the Annuitant and the last surviving Annuitant dies before the Annuity Start Date, we will pay the Purchase Payment in a single lump sum to the Owner.

Upon the death of the last surviving Annuitant on or after the Annuity Start Date, the death benefit, if any, will be as specified by the Annuity Income Option selected when this contract was issued. If Income Payments will continue for the remainder of a certain period, the Beneficiary may elect to terminate the contract and receive the commuted value of the remaining certain period payments in a lump sum. The commuted value will be based on the then current dollar amount of the Income Payment and the same interest rate that was used to calculate the Initial Income Payment.

Proof of Death

Proof of any claim under this contract, satisfactory to us, must be submitted in writing to us at our home office. Generally we require a certified death certificate as proof of death. However, in the event that a certified death certificate is unavailable, we may accept one of the following:

- (a) A copy of the certified death certificate.
- (b) A copy of a certified decree of a court of competent jurisdiction as to the finding of death.
- (c) A written statement signed by a medical doctor who attended the deceased at the time of death.
- (d) Any other written proof satisfactory to us.

Change of Beneficiaries

To change the Beneficiary, you must submit a Written Request to us. Such a request will not be effective until it is recorded in our home office records. After it has been recorded, it will take effect as of the date you signed the request. However, it will not apply to any death benefits paid prior to the request being recorded in our home office records.

Unless you designate otherwise, if a Beneficiary dies, his/her interest in this contract ends with their death. Only those Beneficiaries who survive will be eligible to share in a death benefit. If no Beneficiary survives you, we will pay the death benefit of this contract to the executors or administrators of your estate.

Minnesota Life Insurance Company, a stock company, is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. You are a member of Minnesota Mutual Companies, Inc. which holds its annual meetings on the first Tuesday in March of each year at 3:00 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098.

- *Single Payment Immediate Annuity Contract*
- *Fixed Annuity Payment Benefits*
- *A Nonparticipating Contract*

MINNESOTA LIFE

Minnesota Life Insurance Company
A Securian Company
400 Robert Street North
St. Paul, MN 55101-2098

Advance Withdrawal Benefit Endorsement

Minnesota Life Insurance Company, A Securian Company
Annuity Services • A3-9999
400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax 651.665.7942
Toll Free 1.800.362.3141
In Metro Area 651.665.4877
www.minnesotalife.com

MINNESOTA LIFE

This endorsement is attached to and made part of the contract as of the Contract Issue Date. The endorsement modifies the contract to allow for a single withdrawal of a portion of the Withdrawal Value during the Withdrawal Period. Terms not defined in this endorsement have the meaning given to them in the contract.

Withdrawal Period

The Withdrawal Period begins on the First Income Payment Date and ends on the last Income Payment Date within the period certain. The First Income Payment Date and Withdrawal Period are shown on page one.

Withdrawal Value

The Withdrawal Value is the present value of any remaining period certain Income Payments. The present value is determined by discounting each Income Payment being valued to the date that we receive your request for withdrawal. Discounting is the process of calculating a current value for each future Income Payment by adjusting for interest from the date each Income Payment is due to the date of calculation.

The interest rate used to calculate the Withdrawal Value will be the Moody's Long-Term Corporate Bond Yield Average as of the last day of the month prior to the date we receive your request, plus a Rate Adjustment as shown on page one.

The present value of any remaining period certain Income Payments is always less than the sum of those Income Payments. The higher the interest rate used to calculate the present value, the lower the Withdrawal Value.

Withdrawal Provision

At any time during the Withdrawal Period, you may elect to withdraw a portion of your Withdrawal Value, subject to the limitations shown on page one. You must make a Written Request, or other form acceptable to us, for any withdrawal. The withdrawal will be paid in a lump sum. The withdrawal provision may only be exercised once during the Withdrawal Period of this contract. There is no Withdrawal Value after the Withdrawal Period has ended.

Remaining Income Payments after Withdrawal

A withdrawal will result in a pro-rata reduction of any remaining period certain Income Payments. The pro-rata reduction will be equal to the percentage of Withdrawal Value withdrawn. Any Income Payment based upon the Annuitant's lifetime will not be affected by the withdrawal. Therefore, if the Annuitant is living at the end of the Withdrawal Period, the Income Payment will be the amount that would have been payable if no withdrawal was made.

Termination

The Advance Withdrawal Benefit terminates at the earliest of the following conditions:

- a portion of the Withdrawal Value is withdrawn from this contract;
- the Withdrawal Period ends;
- date of death of the last surviving Annuitant.



Secretary



President

<i>SERFF Tracking Number:</i>	<i>MNNL-125703267</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Minnesota Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40227</i>
<i>Company Tracking Number:</i>	<i>08-70152</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Fixed Single Payment Immediate Annuity</i>		
<i>Project Name/Number:</i>	<i>IncomeToday!/08-70152</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-125703267 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 40227
Company Tracking Number: 08-70152
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: Fixed Single Payment Immediate Annuity
Project Name/Number: IncomeToday!/08-70152

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/19/2008

Comments:

Please see the attached certifications

Attachments:

2008-09-09 AR CERTIFICATION.pdf

AR Certificate of Readability.pdf

Review Status:

Satisfied -Name: Statement of Variability

09/11/2008

Comments:

Please see the attached Statement of Variability

Attachment:

08-70152etal Statement of Variability.pdf

Review Status:

Satisfied -Name: Cover Letter

09/11/2008

Comments:

Please see the attached Cover Letter

Attachment:

AR Letter.pdf

CERTIFICATION

I hereby certify that:

Each individual annuity contract issued in the state of Arkansas includes the Guaranty Association Notice, form F.MHC-41371 Rev. 2-2000; and

Each individual annuity contract issued in the state of Arkansas includes an Important Notice to Contractholders form F.38057 Rev. 10-1998; and

I have reviewed Regulation 6, and that the individual annuity forms issued are in compliance with this Regulation.



Signature

Name: Joy E. Norquist

Title: Assistant Secretary

Date: September 11, 2008

STATE OF ARKANSAS
CERTIFICATION OF READABILITY

Minnesota Life Insurance Company hereby certifies that this filing complies with the statutory requirements of Arkansas and achieves the following Flesch reading ease test score:

<u>Form Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
Single Payment Immediate Annuity	08-70152	51
Fixed Annuity Application	08-70153	44.4*
Advance Withdrawal Benefit Endorsement	08-70154	57.6

*Scores were achieved by combining the contract with the application.



Signature

Name: Joy E. Norquist

Title: Assistant Secretary

Date: September 11, 2008

Minnesota Life Insurance Company

Statement of Variability

Policy Forms 08-70152, 08-70154

July 28, 2008

Policy form 08-70152 contains several pieces of text on page one, the contract schedule, which are bracketed to indicate variability. The following information describes the usage, alternate text, and possible future modifications related to the bracketed items.

Contract Form 08-70152

Client information shown at the top of page one is illustrative and will be modified to reflect the data collected at the time of application for each contract issued.

With respect to the bracketed information on the bottom half of the contract data page, we certify that all contracts issued in a particular state during a specific time period will be issued on a non-discriminatory basis with respect to those items. With the exception of future annuity options which may be made available, no change in variability will be made which in any way expands the scope of the item being changed beyond the ranges defined in this document.

The bracketed items will vary as follows:

1. **Annuity Income Option** – This will reflect the type of annuity income option selected by the Owner at the time of contract issue. If the contract includes a period certain, the length of the period certain may be expressed in years or in years and months, as applicable. The minimum period certain is one year and the maximum is 30 years. Joint options may include a portion to survivor with a minimum of 25% and a maximum of 100%.
2. **Annuity Income Benefit** – This will provide a description of the annuity option selected.

A list of the most common Annuity Income Options and related Annuity Income Benefit descriptions are shown below. If additional Annuity Income Options become available in the future, similar information will be provided.

Annuity Income Option	Annuity Income Benefit
Period Certain Only of XX Years	We will make Income Payments beginning on the First Income Payment Date. Income Payments are guaranteed to continue for the specific period selected, called the period certain. If the Annuitant dies before the end of the period certain, we will pay the remaining Income Payments for the balance of the period certain. Income Payments cease at the end of the period certain regardless of whether the Annuitant is still living.
Life Only	We will make Income Payments during the Annuitant's lifetime beginning on the First Income Payment Date. Income Payments will cease as of the Annuitant's death.

Annuity Income Option	Annuity Income Benefit
Life with Period Certain of XX Years	We will make Income Payments during the Annuitant's lifetime beginning on the First Income Payment Date. Income Payments are guaranteed to continue for the specific period selected, called the period certain. If the Annuitant dies before the end of the period certain, we will pay the remaining Income Payments for the balance of the period certain. If the Annuitant survives the period certain, Income Payments will cease as of the Annuitant's death.
Life with Cash Refund	We will make Income Payments during the Annuitant's lifetime beginning on the First Income Payment Date. If the Annuitant dies, we will pay the Cash Refund death benefit, if any, in a lump sum. The Cash Refund death benefit will be the Purchase Payment less the sum of Income Payments made. If the sum of Income Payments made equals or exceeds the Purchase Payment at the time of the Annuitant's death, no further amount will be paid.
Life with Installment Refund	We will make Income Payments during the Annuitant's lifetime beginning on the First Income Payment Date. If the Annuitant dies, we will pay the Installment Refund death benefit, if any. The Installment Refund death benefit will be the continuation of Income Payments at the same amount and Income Payment Frequency until the total amount paid equals the Purchase Payment. If the sum of Income Payments made equals or exceeds the Purchase Payment at the time of the Annuitant's death, no further Income Payments will be made.
Joint Life with 100% to Survivor	We will make Income Payments during the lifetime of the Annuitant or Joint Annuitant beginning on the First Income Payment Date. At the death of either Annuitant, the Income Payment will continue to the surviving Annuitant until the surviving Annuitant's death. Income Payments will cease as of the death of the last surviving Annuitant.
Joint Life with [portion] to Survivor	We will make Income Payments during the lifetime of the Annuitant or Joint Annuitant beginning on the First Income Payment Date. At the death of either Annuitant, the Income Payment will continue at [portion] of the prior Income Payment to the surviving Annuitant until the surviving Annuitant's death. Income Payments will cease as of the death of the last surviving Annuitant.
Joint & 100% with Period Certain of XX Years	We will make Income Payments during the lifetime of the Annuitant or Joint Annuitant beginning on the First Income Payment Date. At the death of either Annuitant, the Income Payment will continue to the surviving Annuitant until the surviving Annuitant's death. Income Payments are guaranteed to continue for the specific period selected, called the period certain. If both the Annuitant and Joint Annuitant die before the end of the period certain, we will pay the remaining Income Payments for the balance of the period certain. If the Annuitant or Joint Annuitant survives the period certain, payments will cease as of the death of the last surviving Annuitant.

Annuity Income Option	Annuity Income Benefit
Joint & [portion] with Period Certain of XX Years	We will make Income Payments during the lifetime of the Annuitant or Joint Annuitant beginning on the First Income Payment Date. At the death of either Annuitant, the Income Payment will continue at [portion] of the prior Income Payment to the surviving Annuitant until the surviving Annuitant's death. Income Payments are guaranteed to continue for the specific period selected, called the period certain. If both the Annuitant and Joint Annuitant die before the end of the period certain, we will pay the remaining Income Payments for the balance of the period certain. If the Annuitant or Joint Annuitant survives the period certain, payments will cease as of the death of the last surviving Annuitant.
Joint Life with Cash Refund	We will make Income Payments during the lifetime of the Annuitant or Joint Annuitant beginning on the First Income Payment Date. At the death of either Annuitant, the Income Payment will continue to the surviving Annuitant until the surviving Annuitant's death. If both the Annuitant and Joint Annuitant die, we will pay the Cash Refund death benefit, if any, in a lump sum. The Cash Refund death benefit will be the Purchase Payment less the sum of Income Payments made. If the sum of Income Payments made equals or exceeds the Purchase Payment at the time of the last surviving Annuitant's death, no further amount will be paid.
Joint Life with Installment Refund	We will make Income Payments during the lifetime of the Annuitant or Joint Annuitant beginning on the First Income Payment Date. At the death of either Annuitant, the Income Payment will continue to the surviving Annuitant until the surviving Annuitant's death. If both the Annuitant and Joint Annuitant die, we will pay the Installment Refund death benefit, if any. The Installment Refund death benefit will be the continuation of Income Payments at the same amount and Income Payment Frequency until the total amount paid equals the Purchase Payment. If the sum of Income Payments made equals or exceeds the Purchase Payment at the time of the last surviving Annuitant's death, no further Income Payments will be made.
Life and 50%	We will make Income Payments during the lifetime of the Annuitant or Joint Annuitant beginning on the First Income Payment Date. At the death of the primary Annuitant, the Income Payment will be reduced by 50%. If the Joint Annuitant dies before the primary Annuitant, there is no decrease in the Income Payment. Income Payments will cease as of the death of the last surviving Annuitant.

3. **Initial Income Payment** – This item will reflect the amount of the first Income Payment and is calculated based on the Purchase Payment received and Annuity Income Option selected by the Owner.
4. **First Income Payment Date** – This will reflect the first payment date selected by the Owner. If no date is specified, the default will be one Payment Frequency following contract issue.
5. **Income Payment Frequency** – This will reflect the Payment Frequency selected by the Owner. Available frequencies include Monthly, Quarterly, Semi-Annual, and Annual.
6. **Riders and Endorsements** – If the Annuity Income Option includes a period certain, this section will include information about the Advance Withdrawal Benefit (08-70154). If the Annuity Income Option selected does not include a period certain component, the section will reflect "None".

Contract Form 08-70154

This policy form contains no variable text. However, specific information related to the Advance Withdrawal Benefit endorsement will print on the Contract Schedule as part of the base policy form 08-70152. Variability within these components allows for flexibility in the product design within a pre-determined range of values in order to respond to marketplace changes or risk management needs in a timely and cost effective manner. We certify that all contracts issued with the Advance Withdrawal Benefit endorsement in a particular state during a specific time period will be issued with the same values for items 1, 3 and 4, and that no individual will be unfairly discriminated against in the application of those items.

1. **Withdrawal Value Range** – This will reflect the range of Withdrawal Value available for withdrawal. The range will be set at contract issue and will be guaranteed for the life of the contract. Initially, the range will be 25% to 75%. This item may vary from 10% to 95%. Any change to the range will be applicable only to new issues. The range may be expanded to allow for more client flexibility or contracted to provide more cost effective administration or address risk management related to early withdrawal of assets.
2. **Withdrawal Period** – The withdrawal period will be equal to the duration of the period certain based on the Annuity Income Option elected by the Owner at contract issue. The minimum period certain is 1 year and the maximum is 30 years.
3. **Minimum Withdrawal Amount** – This will reflect the minimum withdrawal amount in effect on the date of contract issue and will be guaranteed for the life of the contract. This item may vary from \$250 to \$2,000.
4. **Rate Adjustment** – The rate adjustment is added to the Moody's rate used to calculate the Withdrawal Value. The rate is set at contract issue and is guaranteed for the life of the contract. This item may vary from 0.00% to 1.50%. The intent is for this rate to generally represent approximately 10% of the valuation interest rate applicable at contract issue. Rates will be adjusted upwards or downwards in response to the interest rate environment, in increments of 0.25%.

September 11, 2008

Mr. Joe Musgrove
Director Life and Health Division
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC Number 66168
NAIC Group Number 869
FEIN Number 41-0417830

RE: **Annuity Forms Submission**

08-70152	Single Payment Immediate Fixed Annuity
08-70153	Fixed Annuity Application
08-70154	Advance Withdrawal Benefit Endorsement

Dear Mr. Musgrove:

The above forms are enclosed for your review and approval. They are new, and do not replace any forms currently on file with your Department. These forms have been submitted in our Domiciliary State of Minnesota, and are pending approval at this time.

Form 08-70152 is a Single Payment Immediate Fixed Annuity. The minimum issue age is zero, and the maximum issue age is 90, although the target market is a more typical retirement age span of 55 to 80. It is intended to provide regular income during retirement. The form will be marketed on a face-to-face basis through licensed representatives of Minnesota Life, and will be available to other non-affiliated representatives as well.

There are a number of payment options available with this product. A payment option is selected via the Fixed Annuity Application form 08-70153. The option is then illustrated and the resulting payment quote is used to issue the contract. The Advance Withdrawal Benefit Endorsement, form 08-70154, will be issued with each contract where an annuity option with a period certain payment is elected. There is no separate charge for this Endorsement. The Endorsement provides a one-time withdrawal benefit to address client needs for flexibility and changing circumstances during retirement.

Also submitted with this filing are the Actuarial Memorandum and the Statement of Variability. The latter outlines the language that will appear in the non-personal bracketed sections of page 1 of the contract. For John Doe purposes, a Life with a Period Certain of 10 years has been chosen as the sample payment option. It also shows the related payment amount, frequency, and First Income Payment Date.

The Statement of Variability describes how the information for other payment option choices will appear. There is also a section that applies to the applicable bracketed information for the Advance Withdrawal Benefit Endorsement.

Mr. Musgrove
September 11, 2008
Page 2 of 2

The Flesch score for form 08-70152 is 51, the score for the application 08-70153 in combination with the contract form is 44.4 and the score for the Endorsement 08-70154 is 57.6.

The enclosed forms are submitted in final print and are subject to only minor modification in paper stock size, ink, border, Company logo, and adaptation to electronic media or computer printing.

Thank you for your attention to this filing. We look forward to its approval for use in Arkansas. Should you have any questions regarding this submission, please give me a call at 651-665-4838, or send me an e-mail at monica.ramstad@securian.com.

Sincerely,

A handwritten signature in black ink, reading "Monica Ramstad". The signature is written in a cursive, flowing style.

Monica Ramstad
Senior Product Compliance Analyst
Minnesota Life Insurance Company
651-665-4838
email: monica.ramstad@securian.com